

PROBATE COURT OF MEDINA COUNTY, OHIO
Judge Kevin W. Dunn

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL PLAN FOR GUARDIANSHIP

1. Do you plan to change the Primary Care Physician listed on the Guardian's Report?

Yes No

If yes, please list the reason why: _____

New Physician Name _____

Address _____

Telephone Number _____

2. Is there a plan to change or add agencies/providers listed on the Guardian's Report involved with the ward's care?

Yes No

If yes, please list the reason why: _____

Please provide the contact information of any new agencies: _____

3. Is there a plan to change the ward's placement?

Yes No

If yes, why the change: _____

When will the change occur? _____

Placement facility name and location: _____

4. Please describe the ward's participation in the following activities:

Social/Recreational: _____

Employment: _____

Other: _____

If the ward is NOT involved in activities, please explain why: _____

5. Please describe how the ward's financial needs will be met in the coming year:

6. Please list the names of any persons or entities whom the guardian has excluded or seeks to exclude from visiting or communicating with the ward.

Attorney for Guardian

Guardian's Signature

Typed or printed name

Typed or printed name

Address

Address

City State Zip

City State Zip

Phone number (include area code)

Phone number (include area code)

Supreme Court Registration Number

Guardian's e-mail address, if available

Print Form